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## \*BIBDATASHEET\*

CONFIRMATION NO. 3948

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SERIAL NUMBER 10/648,797	FILING DATE 08/27/2003  RULE	CLASS 385	GROUP ART UNIT 2883	ATTORNEY DOCKET NO. 553-75
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u><i>RMH</i></u> Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 26	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 6
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ADDRESS  
 23117  
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 1100 N GLEBE ROAD  
 8TH FLOOR  
 ARLINGTON , VA  
 22201-4714

TITLE  
 Nonlinear optical device

<p>FILING FEE RECEIVED 1626</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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